

IDAHO TELEHEALTH COUNCIL

October 10, 2014

Meeting Minutes

ATTENDEES:

LOCATION: 450 W State Street, 10th Floor, Boise, ID

Members Present:

Stacey Carson – Telehealth Council Chairman, Idaho Hospital Association
Achini Dingman, Blue Cross of Idaho
Tana Cory, Bureau of Occupational Licenses
Tom Donovan, Department of Insurance
Rick Goodwin, Eastern Idaho Regional Medical Center
Nancy Kerr, Idaho Board of Medicine
Molly Steckel, Idaho Medical Association
Susan Ault, Idaho Primary Care Association
Todd Hurt, Idaho State Hospital North
Mary Sheridan, Department of Health and Welfare
Matt Wimmer, Department of Health and Welfare
Casey Meza, Affiliated Health Services, Kootenai Health
Becky diVittorio, OptumHealth
Linda Mac Vicar, Pacific Source
Julie Bell, Select Health
Tiffany Whitmore Seibert, St. Alphonsus Health System
Paul McPherson, St. Luke's Children's Hospital
Marc Chasin, St. Luke's Health System
Bill Hazle, Stargazers, LLC

Members Absent:

Carrie Gilstrap, Bureau of Occupational Licenses
William Ganz, Idaho Board of Medicine
Tracey Sessions, Idaho State Hospital South
David Morledge, Neurostatus, LLC
Michael Meza, Shoshone Medical Center in Kellogg

DHW Staff Present:

Carla Cerchione, Project Manager, Staff to the Telehealth Council
Cynthia York, Administrator, Staff to the Telehealth Council

Teleconference:

Michael Bess, OptumHealth
Melissa Christian, Regence BlueShield
Ken Schaecher, Select Health

Guests:

Henry DePhillips, Teladoc (Subject Matter Expert)
Emily Patchin, Risch-Pisca Law and Policy (Subject Matter Expert)
Jeremy Pisca, Risch-Pisca Law and Policy (Subject Matter Expert)
Kris Ellis, Eiguren-Fisher-Ellis Public Policy Firm
Tony Smith, Eiguren-Fisher-Ellis Public Policy Firm
Joseph McCollum, Hawley Troxell Attorneys and Counselors
Tom Fronk, IPCA

1. Welcome, Introductions, Charter, Minutes

- ❖ Stacey Carson welcomed everyone.
- ❖ Members provided brief introductions.
- ❖ Clarification- Council recommendations will be made to Director Armstrong. Dr. Polk of the Idaho Health Quality Planning Commission has also offered to hear Council recommendations.
- ❖ Minutes of the 9/12/2014 meeting were accepted as prepared.

2. SHIP / Idaho Healthcare Coalition Update – Cynthia York, DHW

- ❖ CMS sent another request for additional information.
- ❖ Idaho was selected to present the SHIP to CMMI.
- ❖ The presentation team was composed of Director Armstrong, Dr. Epperly, Jeff Crouch, Lisa Hettinger and Denise Chuckovich. Director Armstrong, Lisa and Denise were on-site in Baltimore. Dr. Epperly and Jeff led the presentation in Boise.
- ❖ The IHC was very well represented.
- ❖ CMMI is anticipating to award funds by the end of October. They inquired if DHW would accept a lesser amount than their original request.
- ❖ [State Healthcare Innovation Plan](#) (SHIP) website

3. Telehealth Component of SHIP Project – Mary Sheridan, DHW

- ❖ To build a robust primary care system based on the PCMH model in Idaho, the State must look beyond traditional practitioners.
- ❖ In underserved areas, two practitioner types – community health workers (CHWs) and community health emergency medical services (EMS) personnel – will be developed and advanced as key components of PCMH team-based care. Idaho's unique PCMHs will be "virtual PCMHs"
- ❖ 7 Regional Collaboratives (RCs) will work with communities to determine the need for a virtual PCMH within the region. Community needs assessments and clinical data will be used to determine service gaps in the community and determine the role of the CHWs and community health EMS personnel/community paramedics in the virtual PCMHs.
- ❖ The SHIP virtual PCMH is a hybrid model of Massachusetts and Washington.
- ❖ Funding has been requested for Technical Assistance (TA).
- ❖ Concerns raised by Council members included sustainability and where the patient information will reside.
- ❖ [Virtual PCMH presentation](#)

4. Overview of Teladoc, Inc. – Dr. DePhillips, Teladoc

- ❖ Teladoc does not offer a direct to consumer product.
- ❖ Drugs prescribed: inhalers, antibiotics, allergy prescriptions.
- ❖ Teladoc will not prescribe: DEA controlled substances, lifestyle drugs, psychoactive drugs.
- ❖ Teladoc is a cross coverage physician and does not want to take the place of the primary care physician.
- ❖ It is Teladoc's opinion that the use of an online questionnaire AND telephonic consult establish the physician/patient relationship. They would like clarification of [54-1733](#).
- ❖ [Telehealth: healthcare transformed presentation](#)

5. Telehealth Definition Discussion/Proposal/Next Steps

MOTION: Becky diVittorio moved, Bill Hazle seconded a motion to create telemedicine/telehealth definitions to be recommended for proposed state statute. . The Council will recommend 1st and 2nd choices for telehealth and telemedicine definitions to Director Armstrong.

- ❖ One of the council members offered some guidelines for the legislative process as follows:
 - As part of the Executive Branch, any proposed statute changes are due into the Division of Financial Management by August 1st and proposed rule changes are due by the third week in August. Rules may further define the statute but cannot go beyond what is provided in the statute. Rules carry the force and effect of law. Policies generally deal with the day to day operations of the agency and do not have the force and effect of law.

- Stacey provided a list of telehealth definitions from various other states ([state example definitions document](#)).
- The [Centers for Connected Health Policy](#) website may be helpful when creating definitions for Idaho.
- Council members provided comments/considerations regarding telehealth and possible definitions:
 - Benefits to store and forward, particularly for certain applications
 - Medicaid definitions – consider that what Medicaid pays for today is not necessarily what is allowable within the state by other payers. Proposed definitions should provide guidance to payers when considering reimbursement models.
 - Arguments for and against broad vs. narrow definition
 - General statute to provide guidelines and parameters that apply to all entities, each self-governing boards would create their own rules that align with the statute.
 - Language – enabling or proscriptive
 - Paradigm shift – healthcare meets the patient where the patient wants to be met
- ❖ In Dr. DePhillips opinion these are barriers/considerations to be mindful of when crafting telehealth definitions.
 - Prior in-person requirement
 - Telehealth is not a specialty, it is a tool
 - Teladoc is a cross coverage physician, in the end the patient will win and be able to select their own cross coverage
 - Technology neutral definition
 - Same standards should apply to face-to-face visits and telehealth
 - [Nevada has the top legislation](#)
 - [Maryland has the top regulation](#)
 - [Maryland](#) – full menu of physician regulations – scroll down to Telemedicine
- ❖ The following council members agreed to be members of the “Definitions Committee”
 - Stacey Carson
 - Tana Cory
 - Bill Hazle
 - Nancy Kerr
 - Casey Meza
 - Ken Schaecher
 - Molly Steckel
- ❖ Submit telehealth definitions, considerations, and perceived barriers to telehealth by 10/17/14 to cerchionec@dhw.idaho.gov
- ❖ The Definitions Committee will bring recommendations to the Council at the November meeting.
- ❖ Stacey asked Nancy to compare Idaho State Board of Medicine guidelines to Federation of State Medical Board SMART guidelines and note where these guidelines align and where there are differences.

6. Subject Matter Experts (SMEs) for future meetings

- ❖ Representative Rusche (November)
- ❖ Mark Johnston, Representative from the Board of Pharmacy (November)
- ❖ Steve Palmer, Grayling
- ❖ Representatives from other Boards
- ❖ Patient or Advocacy Group
- ❖ Business Aspect (business cases re: telehealth)
- ❖ Representative from Alaska DHW
- ❖ Representative from ECHO program
- ❖ Scott Carrell, IHDE

With no further business to come before the board, Chairman Carson adjourned the meeting at 2:00 p.m. without objection.